

survey questionnaire booklet or an Internet web-based survey questionnaire.

The ultimate goal of the study is to provide surveillance data that will help to minimize and prevent work-related

injuries and illnesses that harm miners and reduce productivity. NIOSH will use the information to calculate injury rates and customize safety and health interventions for various mining occupations. Once the study is

completed, NIOSH will send a copy of the final report to each sampled mining operation. There is no cost to respondents other than their time. The total estimated annualized burden hours are 3,296.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Annual burden (in hours)
Responding Eligible Mining Operations	1,648	1	120/60	3,296

Dated: April 20, 2007.

Joan F. Karr,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. E7-7976 Filed 4-25-07; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-07-06AT]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 371-5960 or send an e-mail to omb@cdc.gov. Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395-6974. Written comments should be received within 30 days of this notice.

Proposed Project

A sustainability Assessment of Community-based Interventions in Northwestern Tanzania—New—National Center for Chronic Disease Prevention and Health Promotion

(NCDDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Empowerment and capacity building have been promoted by the Bamako Initiative as integral steps in making Primary Health Care (PHC) services universally available. These Health Sector Reform programs have built on the Bamako Initiative since the early 1990s, drawing attention to the potential for community engagement in health services and health governance through mechanisms such as Community Health Funds. In many contexts, community-focused approaches have been used to promote maternal and infant health, and community well-being.

In Tanzania, a community-based approach to improve maternal and newborn health (MNH) and reduce preventable maternal and perinatal deaths was implemented by CARE with CDC technical support from 1997-2002, called the Community Based Reproductive Health Program (CBRHP). This approach used a community-based surveillance system to identify preventable deaths during pregnancy, during the perinatal and newborn period, and developed a community mobilization program utilizing community volunteers to assist women and families with obstetrical emergencies to get to functioning health facilities. Specifically the initiative focused on increasing capacity for community members to identify and

participate in decisions and strategies for providing health care services, and supporting prevention and health education through village health workers (VHWs).

Evaluation of this effort showed that the community members used the services successfully and supported their volunteers, but only a handful of these communities had programs in place that were functional at the end of the project in 2002.

Since the end of project activities, the long-term sustainability of community-level efforts has not been assessed. Funds were obtained from the CDC-Georgia State University Initiative to conduct a sustainability assessment. Assessment of sustainability is critical for promoting community mobilization within the health care sector in resource poor settings such as northwestern Tanzania and places where CARE and other organizations work. Little data exist on the issue of long-term viability of community efforts and this project has the potential to inform the discussion about sustainability of health-focused programs.

The project staff at CDC is seeking to implement data collection for this project in Northwestern Tanzania to examine long-term sustainability of community-based efforts.

There are no costs to the respondents other than their time. The total estimated annualized burden hours are 267.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Villagers	Community assessment Survey	200	1	1
Leaders	Key-informant interview guide	40	1	45/60
Village Health Workers	Village health worker open ended interview-guide.	44	1	30/60
Facility Staff	Facility staff guide (1 pre-assessment and 1 post-assessment).	15	2	30/60

Dated: April 20, 2007.

Joan F. Karr,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)

Centers for Disease Control and Prevention

National Institute for Occupational Safety and Health (NIOSH); Advisory Board on Radiation and Worker Health (ABRWH)

Correction: This notice was published in the **Federal Register** on April 17, 2007, Volume 72, Number 73, pages 19207-19208. In addition to the ABRWH meeting scheduled for May 2-4, 2007, a meeting of the Subcommittee for Dose Reconstruction Reviews (SDRR) will also be convened on May 2, 2007. The meeting times for the ABRWH have been changed. The matters to be discussed by the SDRR are included below.

Subcommittee Meeting Time and Date

9 a.m.-11:30 a.m., May 2, 2007.

Committee Meeting Times and Dates

12:30 p.m.-4:30 p.m., May 2, 2007.

8 a.m.-5:45 p.m., May 3, 2007.

8 a.m.-2:30 p.m., May 4, 2007.

Matters to be Discussed: The topics for the Subcommittee meeting include Discussion of Reviewed Cases; Selection of Cases to Be Reviewed; and Discussion of Overall Review Process.

FOR FURTHER INFORMATION CONTACT: Dr. Lewis V. Wade, Executive Secretary, NIOSH, CDC, 4676 Columbia Parkway, Cincinnati, Ohio 45226, telephone 513.533.6825, fax 513.533.6826.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both CDC and the Agency for Toxic Substances and Disease Registry.

Dated: April 20, 2007.

Elaine L. Baker,

Acting Director, Management Analysis and Services Office Centers for Disease Control and Prevention.

[FR Doc. E7-8077 Filed 4-25-07; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: OOR Quarterly Performance Report, Form ORR-6.

OMB No.: 0970-0036.

Description: As required by section 412(e) of the Immigration and Nationality Act, the Administration for Children and Families (ACF), Office of Refugee Resettlement (ORR), is requesting the information from Form ORR-6 to determine the effectiveness of the State cash and medical assistance, social services, and targeted assistance programs. State-by-State Refugee Cash Assistance (RCA) and Refugee Medical Assistance (RMA) utilization rates derived from Form ORR-6 are calculated for use in formulating program initiatives, priorities, standards, budget requests, and assistance policies. ORR regulations require that State Refugee Resettlement and Wilson-Fish agencies, and local and Tribal governments complete Form ORR-6 in order to participate in the above-mentioned programs.

Respondents: State Refugee Resettlement and Wilson-Fish Agencies, local, and Tribal governments.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
ORR-6	50	4	3.875	775

Estimated Total Annual Burden Hours: 775.

Additional Information: Copies of the proposed collection may be obtained by writing to the Administration for Children and Families, Office of Information Services, 370 L'Enfant Promenade, SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer. All requests should be identified by the title of the information collection. E-mail address: infocollection@acf.hhs.gov.

OMB Comment: OMB is required to make a decision concerning the collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication. Written comments and recommendations for the proposed information collection should

be sent directly to the following: Office of Management and Budget, Paperwork Reduction Project, Fax: 202-395-6974, Attn: Desk Officer for the Administration for Children and Families.

Dated: April 23, 2007.

Robert Sargis,

Reports Clearance Officer.

[FR Doc. 07-2062 Filed 4-25-07; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Maternal and Child Health Program

Announcement Type: New Limited Competition.

Funding Announcement Number: HHS-2007-IHS-MHCEP-0001.

Catalog of Federal Domestic Assistance Numbers: 93.231.

DATES: Key Dates:

Application Deadline Date: May 15, 2007.

Review Date: May 17, 2007.

Earliest Anticipated Start Date: May 30, 2007.

Funding Opportunity Description

The Indian Health Service (IHS) Maternal and Child Health Program (MCH) announces a limited competition for cooperative agreements for applications responding to the Secretaries' Initiative on Closing the Health Disparities Gap for Sudden Infant Death Syndrome (SIDS) and Infant Mortality (IM). This program is authorized under Snyder Act, 25 U.S.C. 13, 25 U.S.C. 1621(m), 25 U.S.C.